SERFF Tracking Number: HUMA-125945183 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 41085

Company Tracking Number: AR-08-2008

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2009 Sales Brochure/AR-08-2008

Filing at a Glance

Company: Humana Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: HUMA-125945183 State: ArkansasLH

Plans

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 41085

Standard Plans

Sub-TOI: MS05I.001 Plan A Co Tr Num: AR-08-2008 State Status: Filed-Closed Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Dennis

Cowart, Paula Williamson

Date Submitted: 12/12/2008 Disposition Status: Filed

Disposition Date: 12/22/2008

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Sales Brochure Status of Filing in Domicile: Not Filed

Project Number: AR-08-2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Date Approved in Domicile:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 12/22/2008

State Status Changed: 12/22/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Humana Insurance Company, NAIC 119/73288

Individual Medicare Supplement Sales Brochure, GNA02ETRR 808

Humana Insurance Company is submitting a Medicare Supplement sales brochure, form number GNA02ETRR 808, for

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your review and approval. The brochure will be used by licensed agents to market Humana's Medicare Supplement insurance plans.

Policy forms AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, and AR-MESL

Please contact me via SERFF, at mzabel@humana.com, or at 502-580-8249 if you have any questions or require further information relative to this filing.

Company and Contact

Filing Contact Information

Michele Zabel, Senior Products Compliance mzabel@humana.com

Analyst

500 W. Main Street (502) 580-8249 [Phone]

Louisville, KY 40201

Filing Company Information

Humana Insurance CompanyCoCode: 73288State of Domicile: Wisconsin1100 Employers BoulevardGroup Code: 119Company Type: Life & Health

Green Bay, WI 54344 Group Name: State ID Number:

(800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No

Fee Explanation: \$20 per form.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Humana Insurance Company \$20.00 12/12/2008 24513121

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	12/22/2008	12/22/2008

 SERFF Tracking Number:
 HUMA-125945183
 State:
 Arkansas

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Disposition

Disposition Date: 12/22/2008

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

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 Filing Company:
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Product Name: Individual Medicare Supplement Plans
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Item Type Item Name Item Status Public Access

Form Medicare Supplement Sales Brochure Filed No

 SERFF Tracking Number:
 HUMA-125945183
 State:
 Arkansas

 Filing Company:
 Humana Insurance Company
 State Tracking Number:
 41085

Company Tracking Number: AR-08-2008

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2009 Sales Brochure/AR-08-2008

Form Schedule

Lead Form Number: GNA02ETRR 808

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
Filed	GNA02ET	RAdvertising Medicare	Initial		0	GNA02ETRR
	R 808	Supplement Sales				808 (Sales
		Brochure				Brochure).pdf



Table of Contents

Overview

2-3 Humana Medicare Supplement Insurance Plans bring you value

- Affordable choices
- Ease of use
- Extra services for you

Choosing a Plan

4 Finding the best plan for you
4 Is a Medicare Supplement plan
for you?

- **5** Additional Coverage
- **6-7** Which plan best meets your needs?
- 8 How to Enroll
- 8 Definitions

Additional Information

9	Review of Medicare basics
10	Common questions about
	Medicare Supplement plans

11 About Humana





You have Medicare Parts A and B,

but they don't pay all of your healthcare costs. That's where a Medicare Supplement plan comes in.

Overview



Humana Medicare Supplement Insurance Plans bring you value

Our Medicare Supplement plans provide you with affordable choices, ease of use, and extra services.

Affordable choices

Your wide range of choice includes:

- Several Medicare Supplement plans

 so you can pick one that best fits your lifestyle, your coverage needs, and your budget
- No network restrictions on which doctors
 or other providers you use

Ease of use

You can have a personal consultation with a licensed agent for:

- Choosing your plan
- Enrolling in your plan
- Understanding your plan

Extra services for you

As a Humana Medicare Supplement policyholder, you also receive these services – at no extra cost:

• [Humana Active Outlook® Program
Lifestyle enrichment exclusively for
Humana members! Enjoy one-on-one
healthy living guidance and Medicare
news through regular educational
mailings, online content, seminars, and
classes, plus valuable discounts and
coupons. Inspire yourself to embrace
optimal living, good health, and personal
well-being.]

• [HAO Magazine

Mailed to your home [four] times a year, this award-winning magazine includes custom-written, in-depth articles about healthy living and tips on getting more from your health plan.]

[QuitNet® Comprehensive

QuitNet is an evidence-based smoking cessation program that offers expert advice, personalized support, unlimited social support from fellow quitters, practical quit tips, and celebration of milestones reached, all designed to help tobacco users quit – and stay tobacco-free.

- Online or telephone tips and advice from expert counselors
- A personalized tobacco cessation plan and stop-smoking guide
- 24-hour Web support
- Phone coaching a five-call protocol
- Printed QuitNet QuitGuide
- Over-the-counter tobacco cessation medications (Nicotine Replacement Therapy)]

QNA02ETRR 808

 [SilverSneakers® Fitness Program Looking good and feeling fit are important at any age. That's why Humana Medicare Supplement plans offer a membership in the SilverSneakers Fitness Program – at no extra cost to you! As a SilverSneakers member, you receive a basic fitness center membership that entitles you to use any equipment at any participating SilverSneakers fitness center where the program is available. You can take part in friendly group exercise classes and work with trained advisors to develop your own exercise plan. For members without easy access to a participating center, Humana offers SilverSneakers® Steps, a pedometer-based walking program.]

• [Vision Discount Program

Available to you through EyeMed, this program offers discounts with over [18,000] national providers – including optometrists, ophthalmologists, and opticians – at over [9,000] locations. You can view available discounts and participating providers by visiting the EyeMed website at [eyemedvisioncare.com]. You can also call EyeMed's provider locator service at [1-866-392-6056.]]

• [Rx Discount Program

Save an average of [20 percent] or more on prescription drugs just by showing your Humana ID card at participating pharmacies when you purchase a prescription. You can use this discount program for weight loss, impotence, hair loss, smoking cessation and many other prescriptions that are not covered by Medicare. Most major pharmacy chains participate. To find out if an independent pharmacy participates, call the Customer Service number on your Humana ID card.]

[HumanaFirst®

Nurse advice line offering 24-hour health information, guidance, and support for members. Whether the concern is immediate or longer-term, members can call for expert advice to find out how Humana can help them lead a healthier life and get the most out of their health plan.]

• [MyHumana

Log onto [**Humana.com**] and register for *My*Humana, your password-protected, personal page, to review details of your claims, use health and pharmacy tools, and find health information and resources. You can also find Medicare information at [**Humana-medicare.com**].]

The programs and services described in this section are not insurance and are neither contractually offered nor guaranteed under our Medicare Supplement insurance policies.







Choosing a Plan

Finding the best plan for you

To determine which Medicare Supplement plan is best for you, review your healthcare costs for the past few years. Then anticipate what expenses you might face in the coming years. Compare these needs to the lists below and on the next page to find a plan suited to your lifestyle.

For example, if you expect to make limited use of the healthcare system, you may want to consider basic coverage. But if you anticipate additional needs, you'll want to look at additional coverage.

Basic Coverage

For coverage of doctor, hospital, and blood expenses only, you may want to choose Medicare Supplement Plan A, which covers:

- Hospitalization: pays Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- Medical Expenses: pays Part B coinsurance

 generally 20 percent of Medicare-approved
 expenses or copayments for hospital
 outpatient services
- Blood: pays for the first three pints of blood each year





Is a Medicare Supplement plan for you?

If you have Medicare Parts A and B, you may be eligible for a Medicare Supplement plan. Because Medicare doesn't pay all of your healthcare costs, a Medicare Supplement plan can step in to give you additional coverage.

In most states, Humana offers several different Medicare Supplement plans: A, B, C, F, High Deductible F, K, and L.

Additional Coverage

For greater security, the plans below cover everything under basic coverage, plus one or more of the areas listed below. Check what's most important to you and review the plans that address it.

- Skilled nursing facility care available with Plans C, F, High Deductible Plan F, K, and L
- Medicare Part A deductible for hospitalization – available with Plans B, C, F, High Deductible Plan F, K, and L
- Medicare Part B deductibles for medical and hospital outpatient expenses – available with Plans C, F, and High Deductible Plan F
- Medicare Part B excess charges available with Plans F and High Deductible Plan F

- Foreign travel medical emergency help available with Plans C, F, and High Deductible Plan F
- ☐ High-deductible plan option available with Plan F
- ☐ Hospice Care (associated prescription drug and inpatient respite care) available with Plans K and L
- Out-of-pocket limits available with Plans K and L

These policies may not fully cover all your medical costs. However, by law you can only have one Medicare Supplement plan. If you need help with prescription drug costs, consider Humana (Part D) prescription drug coverage. For additional information about benefit coverage, please refer to your Outline of Coverage.





Which plan best meets your needs?

The following two tables should help you determine which plan is right for you.

		G	F	High Deductible
BASIC BENEFITS				
SKILLED NURSING FACILITY COINSURANCE		/	1	
PART A DEDUCTIBLE				
PART B DEDUCTIBLE				
PART B EXCESS (100%)				
FOREIGN TRAVEL EMERGENCY			/	

Note: For details and exceptions, or to request an Outline of Coverage, **please contact your agent or call Humana at [1-888-310-8482].**

* Plan F has an option called a High Deductible Plan F, which pays the same benefits as Plan F after you have paid a calendar year deductible. Deductible may increase annually. Benefits from this High Deductible Plan F will not begin until out-of-pocket expenses exceed the annual deductible. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B but do not include the plan's separate foreign travel emergency deductible.



100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end

50% Hospice cost-sharing

50% of Medicare-eligible expenses for the first three pints of blood

50% Part B coinsurance, except 100% coinsurance for Part B preventive services

Skilled Nursing Facility coinsurance (50%)

Part A deductible (50%)

Out-of-pocket annual limit ***



100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end

75% Hospice cost-sharing

75% of Medicare-eligible expenses for the first three pints of blood

75% Part B coinsurance, except 100% coinsurance for Part B preventive services

Skilled Nursing Facility coinsurance (75%)

Part A deductible (75%)

Out-of-pocket annual limit***

- ** Cost-sharing for items and services covered in Plans K and L is different from the costsharing provided by Plans A-J. Once you reach the annual limit, the plans pay 100 percent of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying Excess Charges.
- *** The out-of-pocket annual limit will increase each year for inflation. See Outline of Coverage for details and exceptions.

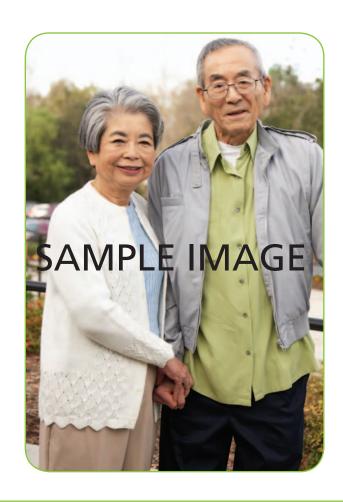
GNA02ETRR 808 7

How to Enroll

Humana provides you with as many as three ways to enroll, depending upon where you live:

- **In Person** contact your agent to set up a personal appointment.
- **Telephone -** call Humana at [1-888-310-8482] to set up an appointment or request informational materials. Licensed agents are available [Monday through Friday, 8 a.m. to 8 p.m.], Eastern time. If you have a speech or hearing impairment and use a TTY, call [1-800-833-3301].

[Online - visit Humana's website at Humana-medicare.com].





Definitions

Coinsurance

The percentage of costs you pay for medical services after you pay any deductibles

Copayment

The fixed dollar amount you pay when you receive medical services

Deductible

The amount you must pay for medical services before your plan starts paying certain benefits

Out-of-pocket costs

Any amounts other than your premium that you pay out of your pocket, including the deductible, copayments, and coinsurance specified in your plan

Premium

The amount you pay for your health plan

Additional Information

Review of Medicare basics

Medicare doesn't cover all your medical expenses. Your coverage depends on whether you have Medicare Part A, Medicare Part B, or both. Even then, Medicare only pays a portion of your costs for services and supplies.

Medicare Parts A and B cover much of the medical care you need, but not all of it.

Medicare Part A:

Once you're eligible, Part A covers:

- Some inpatient hospital care
- Up to 100 days of care at a skilled nursing facility per benefit period
- Some hospice care and home healthcare

You're responsible for copayments and a deductible.

Medicare Part B:

You can sign up and pay a premium for **Part B**, which helps cover:

- Doctor visits and outpatient care subject to Part B limitations
- Some services not covered by Part A –
 including some physical and occupational
 therapy and some home healthcare, if the
 services are medically necessary

Medicare Part C:

Better known as a **Medicare Advantage plan**, Part C is available only from private insurers like Humana that have a contract with Medicare. You must be enrolled in both Medicare Parts A and B to join a Medicare Advantage plan, which covers the same benefits as Medicare Parts A and B and usually includes additional benefits.

Medicare Part D:

Part D is prescription drug coverage available only from private insurers like Humana that have a contract with Medicare. Medicare Supplement members can also purchase a Part D plan for prescription drug coverage.

Medicare Supplement:

Many people buy a Medicare Supplement insurance plan from a private insurer like Humana. These supplemental plans cover some of the costs that Medicare Parts A and B don't.

Medicare Supplement Open Enrollment

During this six-month period, you can buy any Medicare Supplement plan you want that is sold in your state. It starts in the first month that you are covered under Medicare Part B and you are age 65 or older - or under age 65 in some states. During this period, you can't be denied coverage or charged more due to past or present health conditions.

Depending on your location or circumstances, you may qualify for a special open enrollment or a guaranteed issue period.

Questions



Common questions about Medicare Supplement Plans

- Q. I signed up for a Humana Medicare Supplement Plan. When will I receive my ID card and policy?
- A. Your coverage is effective on the first day of the month after Humana accepts your completed application, unless you've requested a future effective date. You'll receive your ID card and policy in the mail [seven to ten days] after your application has been processed.

Q. Can you cancel my coverage?

A. Your coverage cannot be cancelled for health or age reasons. However, Humana can cancel your coverage if you fail to pay your plan premiums.

Q. How do I pay my monthly premium?

- A. You may select one of the following payment methods:
 - Automatic bank withdrawal Your premium is automatically deducted from your checking or savings account each month, and a [\$2] discount per payment is included for using this economical and secure form of payment.
 - Coupon book We provide a book of coupons that show your monthly premium. Mail in a coupon with your payment before the end of each month.
 - Recurring credit card Your premium is automatically deducted from your credit card account each month.
- Q. Once my coverage begins, what number do I call with questions I might have?
- A. Customer Care representatives are available to help you. For questions about enrollment, billing, disenrollment, claims, or benefits, call [1-800-866-0581.] Representatives are on call [Monday through Friday 8 a.m. to 8 p.m. Eastern time.] If you have a speech or hearing impairment and use a TTY, call [1-800-833-3301.]

About Humana

Humana has experience you can trust – as a Fortune [100] company with [more than 45] years in the health industry, and as a provider of Medicare plans for [more than 20] years. We currently serve more than [11.4] million members, including [4.5] million Medicare members. You can rely on us to guide you through your Medicare Supplement insurance options and make it easier for you to choose the plan that's right for your healthcare needs, your lifestyle, and your budget.

In addition, our Medicare Advantage plans offer coverage that goes beyond Medicare with predictable costs that are easy to budget. We offer Medicare-approved HMO, PPO, and PFFS plans to anyone enrolled in both Part A and Part B of Medicare through age or disability.* Medicare-approved Prescription Drug plans are available to anyone entitled to Part A and/or enrolled in Part B of Medicare through age or disability.

Call Humana at [1-888-310-8482] today to find out more about Humana Medicare Supplement plans or any of our Medicare plans. If you have a speech or hearing impairment and use a TTY, call [1-800-833-3301]. Or visit our website at [Humana-medicare.com].

* Medicare Supplement products are available to individuals who are enrolled in Medicare Part A and Part B benefits due to age and in some states disability. Coverage levels vary by plan and are limited to Medicare approved amounts. This is a solicitation of insurance and you may be contacted by a Humana Insurance Agent. Availability of plans varies by state.



[As the Presenting Sponsor for the Summer National Senior Games Humana encourages all seniors to pursue an active lifestyle in their own way.

Whether competitive athletes, new to exercise, or somewhere in between, all seniors can benefit socially, mentally, and physically from activities they enjoy.

Our sponsorship began in 2006 and continues for six years. The national games were held in Louisville in 2007, and will be held in San Francisco in 2009, and Houston in 2011, with state-level qualifying games held in the alternating years.]



GNA02ETRR 808 11

Notes



- Medicare
- Group healthIndividual health
- Dental, Life, Vision
- Pharmacy

[Humana-medicare.com]

[1208] GNA02ETRR 808

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